



FY 2016

Artist Fellowship Program

Individuals may receive up to \$10,000

Deadline: May 15, 2015 at 4:00PM

Artist Fellowship Program Questions

Work Samples & Uploads

Provide a statement describing how and why the artistic content of the work sample best represents the applicant and/or the project. Describe how this artistic work delivers artistic excellence and achieves stated goals.

(400 Words)

(Required)

Work Sample

(Required)

Support Material

(Required)

Resume of Applicant

(Required)

W-9

(Required)

DC Driver's License or ID Card

(Required)

Overview

Artist

(Required -Please enter your name)

Have you received a grant from DCCAH within the past 5 years?
(Required)

Has your address changed in the past 12 months?
(Required)

Request

Applicant Profile

Applicant First Name
(Required)

Applicant Middle Name

Applicant Last Name
(Required)

Applicant Suffix

Applicant Street Address 1
(Required)

Applicant Street Address 2
(Required)

Applicant City
(Required)

Applicant State
(Required)

Applicant Zip
(Required)

Applicant Email Address
(Required)

Secondary Email Address

Applicant Phone
(Required)

Applicant Secondary Phone

Applicant Website

SSN

(Required)

Applicant Discipline

(Required)

In which Ward is the applicant located?

(Required)

Artist Statement

(200 Words)

(Required)

Request Details

Artist Type

(Required)